

Blood Sodium : Organisational Questionnaire

A. Introduction

Please complete one organisational questionnaire for each hospital in your Trust/Health Board that treats patients with abnormal blood sodium.

What is this study about?

To identify and explore avoidable and modifiable factors in the care of adults with abnormal levels of blood sodium in hospital.

Who should complete this questionnaire

This questionnaire has been designed to collect data on the organisational structures surrounding the care provided to patients that have abnormal blood sodium.

It should be completed by or with input from, clinicians(s) that provide care to this group of patients. This is likely to include, but not limited to, endocrinology, nephrology, critical care, clinical biochemistry, emergency medicine, acute medicine and general medicine.

Questions or help

Further information regarding the study can be found here: <https://www.ncepod.org.uk/Bloodsodium.html>

If you have any queries about the study or this questionnaire, please contact: sodium@ncepod.org.uk or telephone 020 7251 9060.

About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

Impact of NCEPOD

Recommendations from NCEPOD reports have had an impact on many areas of healthcare including:

Development of the NICE 'Acutely ill patients in hospital guideline' (CG50) – 'An Acute Problem' (2005).

Appointment of a National Clinical Director for Trauma Care – 'Trauma: Who Cares?' (2007).

Development of NICE Clinical Guidelines for Acute Kidney Injury, published 2013 – 'Adding Insult to Injury' (2009).

Development of ICS Standards for the care of adult patients with a temporary Tracheostomy, published 2014 – 'On the right trach?' (2014).

Development of guidelines from the British Society of Gastroenterology: diagnosis and management of acute lower gastrointestinal bleeding, published 2019 – 'Time to Get Control' (2015).

Development of the British Thoracic Society's Quality Standards for NIV, published 2018 – 'Inspiring Change' (2017).

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.

Hyponatraemia**1a. Is there a guideline for the management of patients with hyponatraemia?**

- ☐ Yes ☐ No ☐ Unknown

1b. If answered "Yes" to [1a] then:**Please send a copy of the hyponatraemia guideline to sodium@ncepod.org.uk**

- ☐ Guideline sent ☐ Unable to send guideline

1c. If answered "Yes" to [1a] then:**Does the guideline stipulate who should lead on the management of significant/severe hyponatraemia**

- ☐ Yes ☐ No ☐ Unknown

1d. If answered "Yes" to [1c] then:**Who is the designated lead?***Grade and specialty*

1e. If answered "Yes" to [1a] then:**Is there a recommendation to send a repeat blood sodium measurement in the guideline (low)?**

- ☐ Yes - all patients ☐ Yes - if meeting certain criteria
☐ No ☐ Unknown

1f. If answered "Yes - if meeting certain criteria" to [1e] then:**Please state the criteria**

When an abnormal low sodium level is identified**2a. Are there criteria for laboratory staff to escalate results to clinical teams?**

- ☐ Yes ☐ No ☐ Unknown

2b. If answered "Yes" to [2a] then:**What are the criteria for laboratory staff to escalate results to clinical team(s)?**

- ☐ Sodium <120 mmol/L ☐ Sodium <125 mmol/L ☐ Sodium <130 mmol/L

If not listed above, please specify here...

2c. If answered "Yes" to [2a] then:**How are the clinical team alerted?***Please mark all that apply*

- ☐ Telephone ☐ Email
☐ Electronic alert on patient notes

Please specify any additional options here...

3a. Is specialist advice available for the treatment of patients with hyponatraemia?

- ☐ Yes ☐ No ☐ Unknown

3b. If answered "Yes" to [3a] then:**Is this available at this hospital or another hospital providing a networked service?**

- ☐ This hospital ☐ A networked service
☐ This hospital and a networked service

**3c. If answered "Yes" to [3a] then:
When is it available?**

- ☐ 24 hours, 7 days a week
☐ 24 hours, Monday to Friday
☐ Normal working hours (0800 - 1800), 7 days a week
☐ Normal working hours (0800 - 1800) Monday to Friday
☐ Unknown

If not listed above, please specify here...

**3d. If answered "Yes" to [3a] then:
Who provides this service?**

Please mark all that apply

- ☐ Endocrinology ☐ Critical care ☐ Renal team
☐ General medicine ☐ Clinical Biochemistry

Please specify any additional options here...

Hypernatraemia

4a. Is there a guideline for the management of patients with hypernatraemia?

- ☐ Yes ☐ No ☐ Unknown

4b. If answered "Yes" to [4a] then:

Please send a copy of the hypernatraemia guideline to sodium@ncepod.org.uk

- ☐ Guideline sent ☐ Unable to send guideline

4c. If answered "Yes" to [4a] then:

Does the guideline stipulate who should lead on the management of significant/severe hypernatraemia?

- ☐ Yes ☐ No ☐ Unknown

4d. If answered "Yes" to [4c] then:

Who is the designated lead?

Grade and specialty

4e. If answered "Yes" to [4a] then:

Is there a recommendation to send a repeat blood sodium measurement in the guideline (high)?

- ☐ Yes - all patients ☐ Yes - if meeting certain criteria
☐ No ☐ Unknown

4f. If answered "Yes - if meeting certain criteria" to [4e] then:

Please state the criteria

When an abnormal high sodium is identified

5a. Are there criteria for laboratory staff to escalate results to clinical teams?

- ☐ Yes ☐ No ☐ Unknown

5b. If answered "Yes" to [5a] then:

What are the criteria for laboratory staff to escalate results to clinical team(s)?

- ☐ Sodium >150 mmol/L ☐ Sodium >155 mmol/L

If not listed above, please specify here...

**5c. If answered "Yes" to [5a] then:
How are the clinical team alerted?**

Please mark all that apply

- ☐ Telephone ☐ Email
☐ Electronic alert on patient notes

Please specify any additional options here...

6a. Is specialist advice available for the treatment of patients with hypernatraemia?

- ☐ Yes ☐ No ☐ Unknown

**6b. If answered "Yes" to [6a] then:
Is this available at this hospital or another hospital providing a networked service?**

- ☐ This hospital ☐ A networked service
☐ This hospital and a networked service

**6c. If answered "Yes" to [6a] then:
When is it available?**

- ☐ 24 hours, 7 days a week
☐ 24 hours, Monday to Friday
☐ Normal working hours (0800 - 1800), 7 days a week
☐ Normal working hours (0800 - 1800) Monday to Friday
☐ Unknown

If not listed above, please specify here...

**6d. If answered "Yes" to [6a] then:
Who provides this service?**

Please mark all that apply

- ☐ Endocrinology ☐ Critical care ☐ Renal team
☐ General medicine ☐ Clinical Biochemistry

Please specify any additional options here...

Does your Trust have an agreed laboratory turn-around time for the following:

7a. Urine osmolality

- ☐ Yes ☐ No ☐ Unknown

**7b. If answered "Yes" to [7a] then:
How long is the turn-around time?**

 hours

7c. Urine sodium

- ☐ Yes ☐ No ☐ Unknown

**7d. If answered "Yes" to [7c] then:
How long is the turn-around time?**

 hours

7e. Serum osmolality

- ☐ Yes ☐ No ☐ Unknown

**7f. If answered "Yes" to [7e] then:
How long is the turn-around time?**

 hours

7g. Is the turn-around time for the above samples audited?

☐ Yes ☐ No ☐ Unknown

7h. If answered "Yes" to [7g] then:
When was the last audit conducted?
month and year

7i. If answered "Yes" to [7g] then:
What was the result of the last audit?

% compliant

Value should be no more than 100

☐ Unknown

IV Fluid**1a. Does this hospital have an IV fluid lead?**

☐ Yes ☐ No ☐ Unknown

**1b. If answered "Yes" to [1a] then:
What is their grade and specialty?****1c. If answered "Yes" to [1a] then:
Is there dedicated time in their job plan for this role?**

☐ Yes ☐ No ☐ Unknown

**1d. If answered "Yes" to [1c] then:
What resources do they have available?**
*Number of programmed activities/sessions/hours***Fluid balance charts****2a. Are the fluid balance charts electronic or paper?**

☐ Electronic ☐ Paper copy ☐ Electronic & paper ☐ Unknown

2b. Does your Trust/Health Board audit the accuracy of fluid balance chart completion?

☐ Yes ☐ No ☐ Unknown

**2c. If answered "Yes" to [2b] then:
When was the last audit conducted?**
*month and year***2d. If answered "Yes" to [2b] then:
What was the overall accuracy of completion in the last audit?**

%

☐ Unknown*Value should be no more than 100*

1a. Were there any serious adverse events relating to blood sodium levels (Fits, coma, death, cerebral pontine myelinolysis) that have occurred in your Trust/Health Board in the last twelve months?

☐ Yes

☐ No

☐ Don't know

**1b. If answered "Yes" to [1a] then:
How many events were there?**

☐ Unknown

**1c. If answered "Yes" to [1a] then:
How is learning from these events shared?**

2a. Is there training for Foundation Doctors regarding sodium levels and/or fluid management?

☐ Yes

☐ No

☐ Unknown

**2b. If answered "Yes" to [2a] then:
Please detail what training there is**
e.g. online modules, face-to-face sessions

**2c. If answered "Yes" to [2a] then:
Is this part of mandatory training?**

☐ Yes

☐ No

☐ Unknown

2d. Does your Trust/Health Board have any educational training on the management of hyponatraemia for other staff?

☐ Yes

☐ No

☐ Unknown

**2e. If answered "Yes" to [2d] then:
Who can access this?**

☐ Nursing staff

☐ Training grade doctors

☐ Consultants

Please specify any additional options here...

2f. If answered "Yes" to [2d] then:
Please detail what training there is
e.g. online modules, face-to-face sessions

2g. Does your Trust/Health Board have any educational training on the management of hypernatraemia for other staff?

☐ Yes ☐ No ☐ Unknown

2h. If answered "Yes" to [2g] then:
Who can access this?

☐ Nursing staff ☐ Training grade doctors ☐ Consultants

Please specify any additional options here...

2i. If answered "Yes" to [2g] then:
Please detail what training there is

1a. Is the prevalence of hyponatraemia tracked?

☐ Yes ☐ No ☐ Unknown

**1b. If answered "Yes" to [1a] then:
How often is this tracked and reviewed?**

☐ Monthly ☐ Quarterly ☐ Annually

If not listed above, please specify here...

**1c. If answered "Yes" to [1a] then:
How does this feedback to the clinical teams?**

2a. Is the prevalence of hypernatraemia tracked?

☐ Yes ☐ No ☐ Unknown

**2b. If answered "Yes" to [2a] then:
How often is this tracked and reviewed?**

☐ Monthly ☐ Quarterly ☐ Annually

If not listed above, please specify here...

**2c. If answered "Yes" to [2a] then:
How does this feedback to the clinical teams?**

Quality Improvement Projects (QIP)

3a. Has your Trust/Health Board performed any QIPs for hyponatraemia in the last 5 years?

☐ Yes ☐ No ☐ Unknown

3b. If answered "Yes" to [3a] then:

Please describe the project, particularly how this changed or improved practice in your organisation

3c. Has your Trust/Health Board performed any QIPs for hypernatraemia in the last 5 years?

☐ Yes

☐ No

☐ Unknown

3d. If answered "Yes" to [3c] then:

Please describe the project, particularly how this changed or improved practice in your organisation

3e. Has your Trust/Health Board performed any QIPs for IV fluid management in the last five years?

☐ Yes

☐ No

☐ Unknown

3f. If answered "Yes" to [3e] then:

Please describe the project, particularly how this changed or improved practice in your organisation

Additional information

3g. Please use this space should you wish to provide further details on any of the answers you have provided (please include the question number)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in Autumn 2025